

4.0 Budget Summary

Provider Name _____ Contract Period _____
Program/Service _____

ITEM	1	2	3	4	5	6
	Department on Aging Request	Non-Federal Match (10% of Program Costs) Cash In-Kind		Program Revenue	All Other Resources	Total
<u>1. PERSONNEL</u>						
A. Wages & Salaries						
B. Fringe (_____ %)						
C. Other (Describe)						
SUBTOTAL						
<u>2. TRAVEL EXPENSES</u>						
A. Local						
B. Out of Town						
SUBTOTAL						
<u>3. FACILITIES EXPENSE</u>						
A. Rent						
B. Utilities						
C. Other (Describe)						
SUBTOTAL						
<u>4. OPERATING EXPENSES</u>						
A. Office Supplies						
B. Consumable Supplies						
C. Telephone						
D. Postage						
E. Equipment						
F. Other (Describe)						
SUBTOTAL						
<u>5. MISCELLANEOUS</u>						
A. Office Supplies						
B. Consultant Fees						
C. Audit						
D. Other (Describe)						
SUBTOTAL						
<u>6. INDIRECT COSTS</u>						
A. Indirect Costs (Form 4.1)						
B. Other (Describe)						
SUBTOTAL						
<u>7. COLUMN TOTAL FOR</u>						
<u>ALL COSTS</u>						
<u>8. TOTAL NON-FEDERAL</u>						
<u>9. PROFIT FACTOR</u>						

*Provide source of Non-Federal Cash match or description of In-Kind Match:

** Indirect costs must be reported by agencies that provide more than one program, service, or activity. See the RFP document for a more detailed definition. (Form 4.1 must be completed, describing specific indirect costs and the plan for allocating those costs.)